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PTO/SB/05 (11-00)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small> | Attorney Docket No. PUSA030757 (15749/413)        |                 |
|  | First Inventor                                    | Pao-Chu Fu      |
|  | Title RATCHET SOCKET CAN BE OPERATED CONVENIENTLY |                 |
|  | Express Mail Label No.                            | EV 306108091 US |

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |
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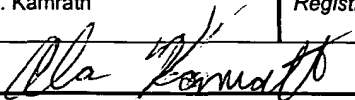
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <span style="border: 1px solid black; padding: 0 5px;">12</span>]</span><br/><small>(preferred arrangement set forth below)</small><br/>- Descriptive title of the invention<br/>- Cross References to Related Applications<br/>- Statement Regarding Fed sponsored R &amp; D<br/>- Reference to sequence listing, a table, or a computer program listing appendix<br/>- Background of the invention<br/>- Brief Summary of the invention<br/>- Brief Description of the Drawings (if filed)<br/>- Detailed Description<br/>- Claim(s)<br/>- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <span style="border: 1px solid black; padding: 0 5px;">7</span>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Pages <span style="border: 1px solid black; padding: 0 5px;">2</span>]</span></p> <p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/><small>(for a continuation/divisional with Box 18 completed)</small></p> <p style="margin-left: 20px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p> <hr/> <p style="text-align: center;"><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p> |
|--|---|

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_    Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|  |  |           |                |          |                |
|--|--|-----------|----------------|----------|----------------|
| <b>17. CORRESPONDENCE ADDRESS</b>  |  |           |                |          |                |
| <input type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; padding: 2px;">(Insert Customer No. or Attach bar code label here)</span> or <input checked="" type="checkbox"/> Correspondence address below |  |           |                |          |                |
| Name   | Alan D. Kamrath<br>Rider, Bennett, Egan & Arundel, LLP |           |                |          |                |
| Address  | 333 South Seventh Street, Suite 2000                   |           |                |          |                |
| City   | Minneapolis  | State     | Minnesota      | Zip Code | 55402          |
| Country  | USA  | Telephone | (612) 340-8925 | Fax      | (612) 340-7900 |

|                   |   |                                   |                         |
|-------------------|---|-----------------------------------|-------------------------|
| Name (Print/Type) | Alan D. Kamrath   | Registration No. (Attorney/Agent) | 28,227                  |
| Signature         |  |                                   | Date<br>August 19, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

22151 U.S. PTO

10/643293



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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 5px 0 0 40px;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b> |                        |
|  |  | Application Number       |                        |
|  |  | Filing Date              | August 19, 2003        |
|  |  | First Named Inventor     | Pao-Chu Fu             |
|  |  | Examiner Name            |                        |
|  |  | Group / Art Unit         |                        |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | Attorney Docket No.      | PUSA030757 (15749-413) |
| <b>(\$)</b> 415  |  |                          |                        |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">501188</span></p> <p>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Rider, Bennett, Egan &amp; Arundel, LLP</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Check            <input type="checkbox"/> Credit card            <input type="checkbox"/> Money Order            <input type="checkbox"/> Other       </p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5">1. BASIC FILING FEE</th> </tr> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> </tr> <tr> <td>101</td> <td>750</td> <td>201</td> <td>375</td> <td>Utility filing fee</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> </tr> <tr> <td>107</td> <td>520</td> <td>207</td> <td>260</td> <td>Plant filing fee</td> </tr> <tr> <td>108</td> <td>750</td> <td>208</td> <td>375</td> <td>Reissue filing fee</td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="border: 1px solid black; text-align: center;">(\$ 375)</td> </tr> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td><span style="border: 1px solid black; padding: 2px;">18</span></td> <td>-20 **</td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> <td>X</td> <td>Fee from below</td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> </tr> <tr> <td>Independent Claims</td> <td><span style="border: 1px solid black; padding: 2px;">1</span></td> <td>-3 **</td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> <td>X</td> <td></td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="border: 1px solid black; text-align: center;">(\$ 0)</td> </tr> </table> <p style="font-size: small;">**or number previously paid, if greater; For Reissues, see above</p> | 1. BASIC FILING FEE  |                |             |  |          | Large Fee Code | Entity (\$) | Small Fee Code  | Entity (\$) | Fee Description   | 101 | 750 | 201 | 375 | Utility filing fee | 106 | 330 | 206 | 165 | Design filing fee | 107 | 520 | 207 | 260 | Plant filing fee | 108 | 750 | 208 | 375 | Reissue filing fee | 114 | 160 | 214 | 80 | Provisional filing fee | <b>SUBTOTAL (1)</b> |  |  |  | (\$ 375) | Total Claims | <span style="border: 1px solid black; padding: 2px;">18</span> | -20 ** | = | <span style="border: 1px solid black; padding: 2px;">0</span> | X | Fee from below | = | <span style="border: 1px solid black; padding: 2px;">0</span> | = | <span style="border: 1px solid black; padding: 2px;">0</span> | Independent Claims | <span style="border: 1px solid black; padding: 2px;">1</span> | -3 ** | = | <span style="border: 1px solid black; padding: 2px;">0</span> | X |  | = | <span style="border: 1px solid black; padding: 2px;">0</span> | = | <span style="border: 1px solid black; padding: 2px;">0</span> | Multiple Dependent |  |  |  |  | X |  | = | <span style="border: 1px solid black; padding: 2px;">0</span> | = | <span style="border: 1px solid black; padding: 2px;">0</span> | Large Fee Code | Entity (\$) | Small Fee Code | Entity (\$) | Fee Description | 103 | 18 | 203 | 9 | Claims in excess of 20 | 102 | 84 | 202 | 42 | Independent claims in excess of 3 | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid | 109 | 84 | 209 | 42 | ** Reissue independent claims over original patent | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> |  |  |  | (\$ 0) | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>410</td> <td>216</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>930</td> <td>217</td> <td>465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,450</td> <td>218</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,970</td> <td>228</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,300</td> <td>241</td> <td>650</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,300</td> <td>242</td> <td>650</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>470</td> <td>243</td> <td>235</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>630</td> <td>244</td> <td>315</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td style="text-align: center;">40</td> </tr> <tr> <td>146</td> <td>750</td> <td>246</td> <td>375</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>750</td> <td>249</td> <td>375</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>750</td> <td>279</td> <td>375</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>*Reduced by Basic Filing Fee Paid</b></td> <td><b>SUBTOTAL (3)</b></td> <td style="border: 1px solid black; text-align: center;">(\$ 40)</td> </tr> </table> | Large Fee Code | Entity (\$) | Small Fee Code | Entity (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 410 | 216 | 205 | Extension for reply within second month |  | 117 | 930 | 217 | 465 | Extension for reply within third month |  | 118 | 1,450 | 218 | 725 | Extension for reply within fourth month |  | 128 | 1,970 | 228 | 985 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,300 | 241 | 650 | Petition to revive - unintentional |  | 142 | 1,300 | 242 | 650 | Utility issue fee (or reissue) |  | 143 | 470 | 243 | 235 | Design issue fee |  | 144 | 630 | 244 | 315 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 750 | 246 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 750 | 249 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 750 | 279 | 375 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>*Reduced by Basic Filing Fee Paid</b> |  |  |  | <b>SUBTOTAL (3)</b> | (\$ 40) |
|---|--|----------------|-------------|--|----------|----------------|-------------|---|-------------|---|-----|-----|-----|-----|--------------------|-----|-----|-----|-----|-------------------|-----|-----|-----|-----|------------------|-----|-----|-----|-----|--------------------|-----|-----|-----|----|------------------------|---------------------|--|--|--|----------|--------------|--|--------|---|---|---|----------------|---|---|---|---|--------------------|---|-------|---|---|---|--|---|---|---|---|--------------------|--|--|--|--|---|--|---|---|---|---|----------------|-------------|----------------|-------------|-----------------|-----|----|-----|---|------------------------|-----|----|-----|----|-----------------------------------|-----|-----|-----|-----|---------------------------------------|-----|----|-----|----|--|-----|----|-----|---|--|---------------------|--|--|--|--------|---|----------------|-------------|----------------|-------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|--------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|--|--|--|--|---------------------|---------|
| 1. BASIC FILING FEE   |  |                |             |  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| Large Fee Code  | Entity (\$)  | Small Fee Code | Entity (\$) | Fee Description  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 101   | 750  | 201            | 375         | Utility filing fee   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 106   | 330  | 206            | 165         | Design filing fee  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 107   | 520  | 207            | 260         | Plant filing fee   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 108   | 750  | 208            | 375         | Reissue filing fee   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 114   | 160  | 214            | 80          | Provisional filing fee   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| <b>SUBTOTAL (1)</b>   |  |                |             | (\$ 375)   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| Total Claims  | <span style="border: 1px solid black; padding: 2px;">18</span> | -20 **         | =           | <span style="border: 1px solid black; padding: 2px;">0</span>              | X        | Fee from below | =           | <span style="border: 1px solid black; padding: 2px;">0</span> | =           | <span style="border: 1px solid black; padding: 2px;">0</span> |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| Independent Claims  | <span style="border: 1px solid black; padding: 2px;">1</span>  | -3 **          | =           | <span style="border: 1px solid black; padding: 2px;">0</span>              | X        |                | =           | <span style="border: 1px solid black; padding: 2px;">0</span> | =           | <span style="border: 1px solid black; padding: 2px;">0</span> |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| Multiple Dependent  |  |                |             |  | X        |                | =           | <span style="border: 1px solid black; padding: 2px;">0</span> | =           | <span style="border: 1px solid black; padding: 2px;">0</span> |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| Large Fee Code  | Entity (\$)  | Small Fee Code | Entity (\$) | Fee Description  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 103   | 18   | 203            | 9           | Claims in excess of 20   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 102   | 84   | 202            | 42          | Independent claims in excess of 3  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 104   | 280  | 204            | 140         | Multiple dependent claim, if not paid                                      |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 109   | 84   | 209            | 42          | ** Reissue independent claims over original patent                         |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 110   | 18   | 210            | 9           | ** Reissue claims in excess of 20 and over original patent                 |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| <b>SUBTOTAL (2)</b>   |  |                |             | (\$ 0)   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| Large Fee Code  | Entity (\$)  | Small Fee Code | Entity (\$) | Fee Description  | Fee Paid |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 105   | 130  | 205            | 65          | Surcharge - late filing fee or oath  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 127   | 50   | 227            | 25          | Surcharge - late provisional filing fee or cover sheet                     |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 139   | 130  | 139            | 130         | Non-English specification  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 147   | 2,520  | 147            | 2,520       | For filing a request for reexamination                                     |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 112   | 920*   | 112            | 920*        | Requesting publication of SIR prior to Examiner action                     |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 113   | 1,840*   | 113            | 1,840*      | Requesting publication of SIR after Examiner action                        |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 115   | 110  | 215            | 55          | Extension for reply within first month                                     |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 116   | 410  | 216            | 205         | Extension for reply within second month                                    |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 117   | 930  | 217            | 465         | Extension for reply within third month                                     |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 118   | 1,450  | 218            | 725         | Extension for reply within fourth month                                    |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 128   | 1,970  | 228            | 985         | Extension for reply within fifth month                                     |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 119   | 320  | 219            | 160         | Notice of Appeal   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 120   | 320  | 220            | 160         | Filing a brief in support of an appeal                                     |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 121   | 280  | 221            | 140         | Request for oral hearing   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 138   | 1,510  | 138            | 1,510       | Petition to institute a public use proceeding                              |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 140   | 110  | 240            | 55          | Petition to revive - unavoidable   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 141   | 1,300  | 241            | 650         | Petition to revive - unintentional   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 142   | 1,300  | 242            | 650         | Utility issue fee (or reissue)   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 143   | 470  | 243            | 235         | Design issue fee   |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 144   | 630  | 244            | 315         | Plant issue fee  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 122   | 130  | 122            | 130         | Petitions to the Commissioner  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 123   | 50   | 123            | 50          | Processing fee under 37 CFR 1.17 (q)                                       |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 126   | 180  | 126            | 180         | Submission of Information Disclosure Stmt                                  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 581   | 40   | 581            | 40          | Recording each patent assignment per property (times number of properties) | 40       |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 146   | 750  | 246            | 375         | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 149   | 750  | 249            | 375         | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 179   | 750  | 279            | 375         | Request for Continued Examination (RCE)                                    |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| 169   | 900  | 169            | 900         | Request for expedited examination of a design application                  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| Other fee (specify) _____   |  |                |             |  |          |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |
| <b>*Reduced by Basic Filing Fee Paid</b>  |  |                |             | <b>SUBTOTAL (3)</b>  | (\$ 40)  |                |             |   |             |   |     |     |     |     |                    |     |     |     |     |                   |     |     |     |     |                  |     |     |     |     |                    |     |     |     |    |                        |                     |  |  |  |          |              |  |        |   |   |   |                |   |   |   |   |                    |   |       |   |   |   |  |   |   |   |   |                    |  |  |  |  |   |  |   |   |   |   |                |             |                |             |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                                       |     |    |     |    |  |     |    |     |   |  |                     |  |  |  |        |   |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |  |  |  |  |                     |         |

|                     |                 |                                 |        |           |                 |
|---------------------|-----------------|---------------------------------|--------|-----------|-----------------|
| <b>SUBMITTED BY</b> |                 | <b>Complete (if applicable)</b> |        |           |                 |
| Name (Print/Type)   | Alan D. Kamrath | Registration No. Attorney/Agent | 28,227 | Telephone | 612-340-8925    |
| Signature           |                 |                                 |        | Date      | August 19, 2003 |

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